

VIRGINIA HIGHLANDS COMMUNITY COLLEGE

Student Government Association

Application for Students Offering Support Fund

Student Name: _____ ID# _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone: (____)____ - _____ School Email: _____

Brief Description of Incident:

Level of aid being petitioned for: 1 2 3 4

Date of Incident: _____ Date of Request: _____

Signature of Applicant: _____

Official Use Only

Has provided sufficient evidence

Approved

Denied

Level of Eligibility approved: 1 2 3 4

Signature of Reviewing Senator: _____ Date: _____

Signature of SGA President: _____ Date: _____